

Southeast Service Area

Ongoing Safety Assessment 1st Round - Safety Model QA Review



**Nebraska Department of Health and Human Services
Quality Assurance**

August 2009

The Quality Assurance Team completed the first round of Ongoing Safety Assessment Reviews in the Southeast Service Area (SESA) in July 2009. The QA team planned to review 7 assessments from each OJS/Ongoing Children and Family Service Supervisor (CFSS) in SESA. However, some of the supervisors did not have 7 finalized ongoing safety assessments at the time of the reviews.

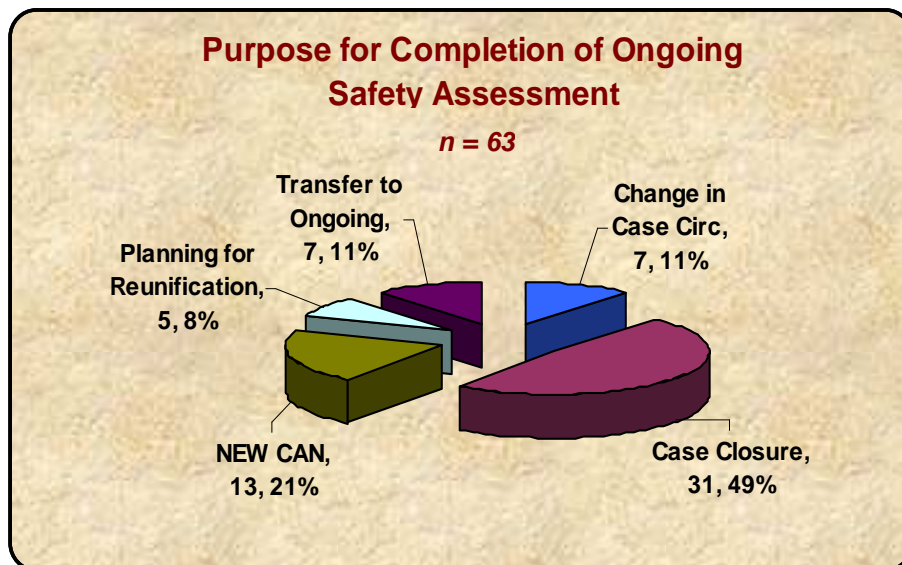
A total of 66 finalized Ongoing Safety Assessments were selected by QA Staff from eleven CFSS in SESA. Three of the selected assessments were not reviewed due to the following reasons:

- ☞ Parental rights were no longer intact and case plan was changed to adoption 5 months prior to finalization of safety assessment.
- ☞ (NEW CAN) Assessment was NOT in relation to an open case.

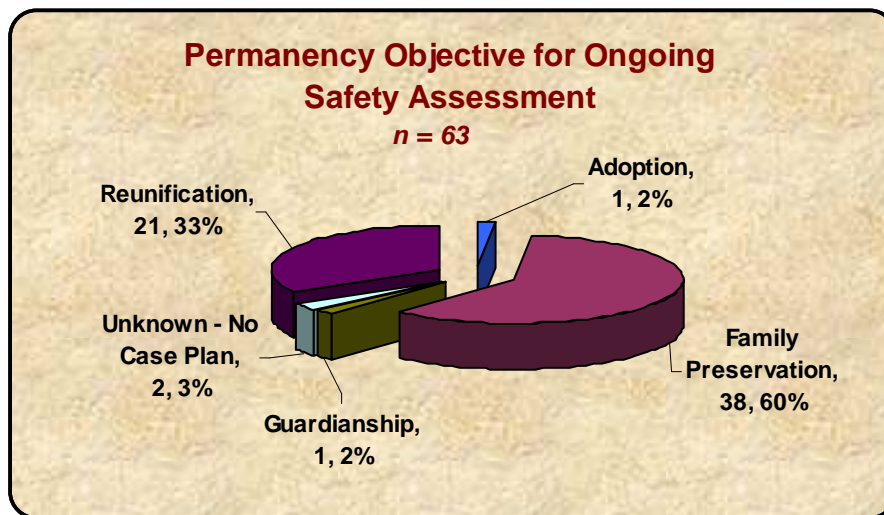
The table below illustrates the final number of reviewed safety assessments from each SESA Supervisor.

CFS Supervisor	Total Reviewed Assessments
Deanna Brakhage	2
Carla Crook	7
Colby Holz	7
Lesa Kechley	2
Michelle Lueders	7
Josh McDougall	5
Chris Reece	7
Tom Ross	7
Julie Smith	5
Darcy Thege	7
Julie Zegers	7
TOTAL	63

Purpose for completion of ongoing safety assessment: 63 assessments reviewed; 7 were for change in cases circumstances, 31 were for case closure, 13 were for new CAN referrals, 7 were for transfer to on-going and 5 were for reunification planning.



First Round Permanency for reviewed ongoing safety assessments:



As evidenced in the chart above, reviewers were unable to determine the permanency objective in two of the cases that were reviewed.

The following is a summary of First Round Data from ALL 63 Ongoing Safety Assessment QA reviews. Charts for these overall data sets can be found in the attached file: *SESA Ongoing Safety QA.CHARTS.1stRound.pdf*.

Initial Response/Contact Information (Chart 1):

Initial contact and response information was applicable in 13 out of all 63 assessments that were reviewed. A review of the 13 applicable assessments indicated the following:

- Initial contact with child victim was made within required time frame in 77% (10 out of 13) of the assessments.
- Other children in the household were present in 54% (7 out of 13) of the assessments. Other children in the household were interviewed in 71% (5 out of 7) of those assessments. Reviewers were unable to find any documentation to explain the lack of contact with the children in the household.
- 2 of the assessments had a non-maltreating caregiver listed in the intake. The non-maltreating caregiver was interviewed in both assessments (100%).
- Other adults were present in one of the assessments. The other adults in the home were not interviewed as part of that assessment (0%).
- Interviews with the maltreating caregiver occurred in 92% (12 out of 13) of the assessments.
- Interview protocol was followed in 15% (2 out of 13) of the assessments. For those assessments that did not follow protocol, reviewers were **unable** to find documentation to indicate the reason for the deviation from protocol in 91% (10 out of 11) of the assessments.
 - *Reviewer Comments:*
 - *the contact sheet is hard to follow and suggest the same date and time of interviews for different individuals.*
 - *maltreating caregiver was interviewed prior to interview with non-maltreating caregiver*
 - *children were not interviewed privately*
 - *other children and adults in the home were not interviewed.*

Youth and Family Frequency and Quality of Contact (Chart 2):

Children and Family Services Specialists (CFSS) must have contact with children and families in order to accurately update and complete a safety assessment. Reviewers evaluated the typical pattern of visitation in order to determine if frequency of visits and quality of visits were sufficient to address child and family issues pertaining to safety along with permanency and well-being.

When evaluating frequency, reviewers considered Nebraska policy that requires the CFSS to have an in-person, face to face contact with child (ren) and their parents at least once per month. Reviewers consider length of visit, location of visit, private contact with child (ren) and topics being addressed during the visit in order for reviewers to determine quality of visits.

For the CFSS contact with the youth and family, the review period was defined as six months prior to the end date of the current safety assessment under review or initial safety assessment to end date of updated safety assessment. In some instances, review period may have not been six months.

- **Frequency of visits between the Children and Family Services Specialist and all children –**
Sufficient visits occurred in 24% (15 out of 63) of the assessments.
 - Visits occurred less than twice a month, but at least once a month in 24% (15 out of 63) of the assessments.
 - Visits occurred less than once a month in 60% (38 out of 63) of the assessments.
 - No visits occurred in 16% (19 out of 63) of the assessments.
- **Quality of visits between the Children and Family Services Specialist and child (ren) –**
Sufficient quality occurred in 30% (23 out of 46) of the assessments.
- **Frequency of visits between the Children and Family Services Specialist and mother –**
Sufficient visits occurred in 19% (12 out of 62) of the assessments. N/A was warranted for one reviewed assessment as the permanency objective was not Family Preservation or Reunification, mother was not involved in child's life in any way despite agency's efforts to involve her or mother was deceased during the period under review.
 - Visits occurred less than twice a month, but at least once a month in 19% (12 out of 62) of the assessments.
 - Visits occurred less than once a month in 60% (37 out of 62) of the assessments.
 - No visits occurred in 21% (13 out of 62) of the assessments.
- **Quality of visits between the Children and Family Services Specialist and mother –**
Sufficient quality occurred in 37% (23 out of 62) of the assessments.
- **Frequency of visits between the Children and Family Services Specialist and father –**
Sufficient visits occurred in 6% (3 out of 54) of the assessments. N/A was warranted for 9 reviewed assessments as the permanency objective was not Family Preservation or Reunification, father was not identified, father was not involved in child's life in any way despite agency's efforts to involve him or father was deceased.
 - Visits occurred less than twice a month, but at least once a month in 6% (3 out of 54) of the assessments.
 - Visits occurred less than once a month in 44% (24 out of 54) of the assessments.
 - No visits occurred in 50% (27 out of 54) of the assessments.
- **Quality of visits between the Children and Family Services Specialist and father –**
Sufficient quality occurred in 17% (9 out of 54) of the assessments.

- **Other adults residing in the home** – 10 out of 63 of the assessments indicated that other adults needed to be interviewed/assessed and incorporated into the assessment. Other adults were incorporated into the assessment in 20% (2 out of 10) of the assessments.

Present Danger and Protective Action (Charts 3 & 4):

- Present danger at the initial contact with the child victim and/or family was identified by CFS Specialists in one of the reviewed assessments. The CFS Specialist documented an Immediate Protective Action (IPA) to address the present danger. A review of the IPA documentation indicated the following:
 - Reason for the protective action was explained to the parent/caregiver.
 - While a provision for oversight was included in the IPA, the oversight requirement was **NOT** sufficient to assure that the Protective Action was implemented in accordance with expectation and assured child safety.
 - The IPA did **NOT** contain parent's willingness to cooperate.
 - The IPA contained a description of person(s) responsible for the protective action.
 - The IPA did **NOT** contain confirmation of the person responsible (trustworthiness, reliability, commitment, availability, and alliance to plan).
 - The IPA did **NOT** contain a description of the protective action (how it will work).
 - The IPA did **NOT** contain time frames (frequency and anticipated duration).
 - The IPA remained in effect until the end of the safety assessment.
- Reviewers agreed with the worker's assessment of Present Danger in 62 out of 63 cases (98%).
 - Reviewer disagreed with worker's determination of present danger in the following case:
 - ☞ CFS specialist identified present danger in this case – reviewer disagreed with worker's determination of present danger.

Domains (Chart 5):

- **Maltreatment** – Sufficient information was collected in 35% (16 out of 46) of the assessments.
 - *Reviewer Comment: If there is no new maltreatment that has occurred from the prior Safety Assessment, worker needs to document **no new information related to maltreatment.***
- **Nature** – Sufficient information was collected in 27% (14 out of 51) of the assessments.
 - *Reviewer Comment: If there is no new maltreatment that has occurred from the prior Safety Assessment, worker needs to document **no new information related to maltreatment.***
- **Child Functioning** – Sufficient information was collected in 35% (22 out of 63) of the assessments.
 - *Reviewer Comments:*
 - *Need to include current information and address changes in child functioning since the previous assessment.*
 - *If there have been no changes in this domain in between assessments, please document no changes instead of cutting and pasting from previous assessment.*
 - *Summarize and incorporate information gathered from ongoing contacts with child, family and providers.*
 - *Include parents and/or caregivers perceptions of the child. What conclusions can be drawn from the worker's contact with all parties regarding the child's behavior and development?*
 - *Discuss nature of peer interactions.*

- *Worker observation of child(ren), description of overarching statements surrounding child's development or behavioral difficulties.*
- *Need to assess all children living in the home.*
- **Disciplinary Practices** – Sufficient information was collected in 37% (23 out of 63) of the assessments.

Reviewer Comments:

- *Need to include current information and address changes in disciplinary practices since the previous assessment.*
- *If there have been no changes in this domain in between assessments, please document no changes instead of cutting and pasting from previous assessment.*
- *Incorporate information gathered from ongoing contacts with child, family and providers. Include statements from providers working with the family regarding their observations of parent discipline. Describe progress family has made regarding discipline in the home. If no changes have been made in parent discipline style document the barriers to progress.*
- *Include situation/purpose and detailed information in which the parent implements discipline for the child(ren), length of discipline, future discipline plans in assessments involving infants, children's statements of discipline in the home, patterns of discipline with older children.*
- **General Parenting** – Sufficient information was collected in 40% (25 out of 63) of the assessments.

Reviewer Comments:

- *Need to include current information and address changes in general parenting practices since the previous assessment.*
- *If there have been no changes in this domain in between assessments, please document no changes instead of cutting and pasting from previous assessment.*
- *Incorporate information gathered from ongoing contacts with child, family and providers. Include statements from providers working with the family regarding their observations.*
- *Describe progress family has made regarding parenting styles in the home. If no progress has been made, document the barriers to enhancing parent protective capacities.*
- *Include information regarding routines within the home, include past parenting of children that may have been relinquished or terminated, family activities, parent satisfaction, parental roles.*
- *Include parenting for all individuals living in the home if they take role in caring for the children.*
- **Adult Functioning** – Sufficient information was collected in 32% (20 out of 63) of the assessments.

Reviewer Comments:

- *Need to include current information and address changes in adult functioning since the previous assessment.*
- *If there have been no changes in this domain in between assessments, please document no changes instead of cutting and pasting from previous assessment.*
- *Summarize information gained during ongoing contacts with the involved adults. Include worker observation of parent progress; enhancement of protective capacities. Incorporate information gained from providers regarding parent progress in safety services, treatment services, therapy services, etc.*

- *Need to include all adults living in the home.*
- *Include information about employment history, financial assistance, community or family supports, Mental Health, Domestic Violence and Substance Abuse information.*
- *Discuss the nature of adult relationships within the home (marriage and other relationships).*

Collateral Source (Chart 5):

- All 63 assessments indicated that information should have been collected from a collateral source. Collateral information was collected in 37% (23 out the 63) of the assessments.
 - *Reviewer Comments:*
 - *Incorporate the information gained from collaterals into the assessment that supports enhancement of parental protective capacities or discusses barriers to enhancing the diminished capacities.*
 - *Collaterals include family team participants, providers working with the family, mental health professionals, etc.*

Maternal/Paternal Relatives (Chart 5): *In October 2008, clarification regarding the identification of relatives was provided to the CFS Administrators and the SAA's. All cases will have relatives identified regardless of the safety determination.*

- *Maternal relatives were identified in 52% (32 out of 63) of the assessments.*
- *Paternal relatives were identified in 44% (28 out of 63) of the assessments.*
 - *Reviewer Comment:*
 - *Documentation needs to contain at a minimum first name, last name, and location (city & state).*
 - *Include in documentation parents' refusal to provide extended family information during assessment.*
 - *Strongly encourage workers complete the kinship narrative. Workers should also review information entered in the kinship narrative during previous assessment and update as necessary.*

ICWA (Chart 5):

- Information regarding ICWA was obtained in 67% (42 out of 63) of the assessments.
 - *Reviewer Comments: Workers need to utilize the kinship narrative and include a statement as to how ICWA information was obtained by CFS Specialist. For example, If the worker indicates that ICWA does not apply to family or N/A, the worker needs to include a statement of how they learned that it did not apply.*
 - *Examples:*
 - *Per mother/name and father/name child does not meet criteria for ICWA because of the following reason.*
 - *Father was asked about enrollment or qualification he may meet in Native American Tribe in which he denied eligibility for him or his son.*
 - *According to (parents/name), no Native American Tribal heritage exists within the family.*

Impending Danger (Charts 6 & 7):

Impending Danger at the end of the Ongoing Safety Assessment (Chart 5): The worker identified impending danger at the end of the assessment in 24% (15 out of 63) of the assessments.

- 24% (15 out of 63) of the assessments contained sufficient information to provide a reasonable understanding of family members and their functioning.
- 27% (17 out of 63) of the assessments contained sufficient information to support and justify decision making.
- 25% (18 out of 63) of the assessments contained sufficient information in the six domains to accurately assess the 14 factors.
- Safety threats were identified in 15 of the assessments.
 - In 80% or 12 out of 15 instances the reviewer agreed with the worker on all of the safety factors identified “yes”.
 - Cases in which reviewers did not agree with worker on all safety factors identified “yes”:
 - ✍ Reviewer does not have enough information in the current assessment about parenting or adult functioning to accurately assess safety factor #13.
 - ✍ Insufficient Information
 - ✍ Insufficient Information
 - Within the safety factors identified “yes”, 93% (14 out of 15) contained threshold documentation for identification/justification of impending danger.
 - Cases in which reviewers did not feel the identified safety threats contained justification of impending danger:
 - ✍ Reviewer did not agree that threshold criteria was met based justifications under vulnerable and out of control criteria.
- The reviewer agreed with the worker on all of the safety factors identified “no” in 24% or 15 out of all 63 assessments that were reviewed.
 - ✍ The reviewers were unable to accurately assess all safety factors in most of the assessments due to lack of information in the domains.

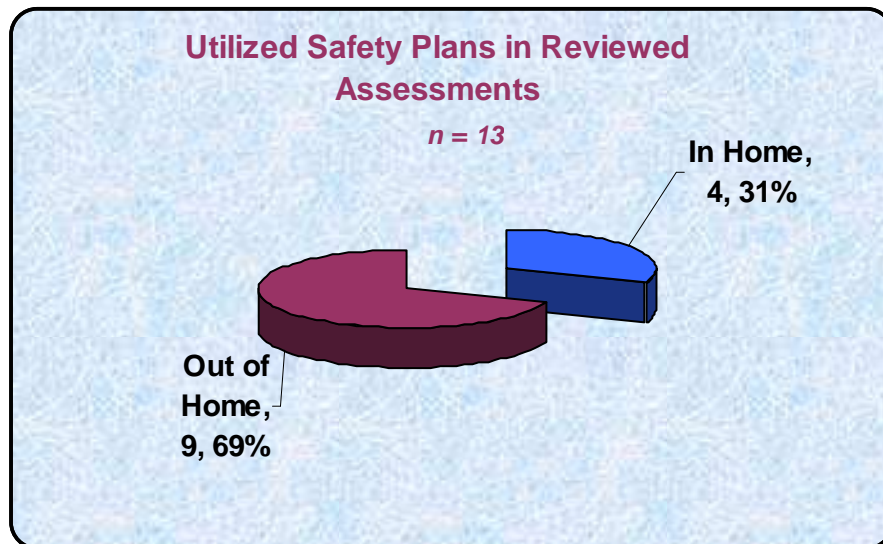
Safety Assessment Conclusion (Chart 6):

- The worker determined that the child was UNSAFE at the conclusion of the safety assessment in 24% (15 out of 63) of the reviewed assessments. The reviewer agreed with the worker’s assessment of impending danger in 41% (26 out of 63) assessments.

The CFS Administrator was alerted in one instance in which a reviewer had questions/concerns for the child’s safety. Although the reviewers determined the majority of assessments did not contain sufficient information to determine impending danger, CFS Administrator notification was not necessary following review of the safety assessments.

Safety Plan (Charts 8 & 9):

- Safety Plan was completed in accordance with changes in case circumstances in 30% (13 out of 43) of the assessments. These 13 safety plans that were assessed include 2 safety plans that were documented and implemented by the CFS Specialist even though they identified NO safety threats at the conclusion of their assessment.
 - ✍ Technically, there should not be a safety plan as the assessment indicates the child is safe. However, current assessment lacks sufficient information to justify elimination of original safety threats.



- 31% (4 out of 13) of the safety plans were in home safety plans.
- No combination safety plans were utilized.
Reviewers indicated that the CFS specialist should have considered a combination plan with the family in 2 out of 13 instances (15%).
 - ✍ *Relatives may have been identified to provide more scheduled care for the child in their home.*
 - ✍ *A combination plan should have been implemented as some of the children remain in the home while one was removed.*
- 69% (9 out of 13) safety plans were out of home safety plans.
- While all 13 safety plans contained a contingency plan. The reviewer judged the contingency plan to be appropriate in 23% (3 out of 13) of the contingency plans.

Examples of sufficient contingency plan:

Note: The intent of having a sufficient contingency plan is to have staff think ahead, anticipate situations that might come up and make a plan to deal with them. A good contingency plan is an actual backup plan with names and information of individual(s) that will take over or complete safety actions if the original safety plan participant is unable to do so. A good contingency plan is one that can prevent the need for immediate caseworker notification or action.

For Out of Home Safety Plans:

- 1.) *If (NAME) approved relative provider is unable to care for the (child/youth), the relative care provider will contact the child's caseworker and the child will be placed with (NAME) another identified and approved relative provider.*
- 2.) *If (NAME) foster parents are unable to care for the (child/youth), the foster parents will contact the child's caseworker and the child will be placed with (NAME) identified respite care provider or (NAME) identified traditional or agency foster care provider.*

For IN Home Safety Plans:

- 1.) *If (NAME) relative safety plan provider is unable to be at (NAME) family home as expected from 4-6pm. Then (NAME) will contact (NAME) another relative safety plan participant who will substitute for them during that time. If both are unavailable due to a family emergency then (NAME) the pastor's wife will substitute for them during that time.*

If (NAME) a contractor providing safety services for the family is unable to do what they agreed to do, they will notify the caseworker and (NAME) another safety service contractor will be utilized.

Examples of insufficient contingency plan:

- 1) *The placement unit will need to find another placement.*
- 2) *Child will be made a state ward and placed into foster care.*
- 3) *This is an out of home safety plan and there is not a need for a backup plan.*
- 4) *The assigned caseworker should be contacted.*
- 5) *Their designee will take over*
- 6) *None*

- Suitability of the safety plan participants was completed in 62% (8 out of 13) of the assessments. Reviewer judged that there was sufficient information to support the decision made with regards to the suitability of the safety plan participants in 38% (5 out of 13) of the safety plans.
 - *Reviewer Comments:*
 - *Need to ensure suitability is completed for all participants including two-parent foster families, providers and informal supports. When appropriate, suitability must include background checks on suitability.*
- 69% (9 out of 13) of the safety plans addressed who was going to make sure the child was protected.
- 62% (8 out of 13) of the safety plans addressed what action is needed.
- 46% (6 out of 13) of the safety plans addressed where the plan and action are going to take place.
- 0% (0 out of 13) of the safety plans addressed when the action will be finished.
- 31% (4 out of 13) of the safety plans addressed how it is all going to work and how the actions are going to control for safety.
- 23% (3 out of 13) of the safety plans contained caregiver promissory commitments.
 - Promissory commitment refers to the caregiver having responsibility to manage safety when it has been determined that the situation is out of control. Assessment needs to clearly document changes that caregivers have made to suggest their ability to manage safety.*
- 54% (7 out of 13) of the safety plans involved in home services.
- All 13 documented safety plans contained a plan for oversight. However, reviewers determined that the oversight requirements were sufficient to assure that the safety plan was implemented in accordance with expectation and was assuring child safety in 54% (7 out of 13) of the reviewed safety plans.
 - Children and Family Services Specialist (CFSS) is responsible for oversight of the Safety Plan. Safety Plans will be monitored continuously, but no less often than once a week prior to completion of the assessment. Monitoring of the Safety Plan will involve face to face contact with the child and family and phone calls to Safety Plan participants. This monitoring may be done by the CFSS, or other person designated by the CFSS to provide monitoring. An individual Safety Plan participant cannot be designated to monitor the Safety Plan. As progress is demonstrated toward achieving the identified outcomes, the Safety Plan may be monitored less frequently, but no less than once a month. All monitoring activities will be documented and maintained in the case record. If monitoring is done by someone other than the CFSS, the CFSS will review the monitoring reports at least once a week.*
- 85% (11 out of 13) safety plans adjusted as threats increased or decreased.
- Overall, none of the safety plans were judged to be appropriate by reviewers (0 out of 13).

Protective Capacity Assessment (Chart 10):

- 10% (6 out of 63) of the reviewed cases had a protective capacity assessment completed on the system at the time of the review.
 - Documentation within the protective capacity assessments indicated that consensus was reached between the specialist and family regarding what has changed or needs to change in 17% (1 out of 6) of the completed protective capacity assessments.
 - Specialists identified the parents' enhanced protective capacities in 83% (5 out of 6) of the completed protective capacity assessments.

Conditions for Return (Chart 10):

- Conditions of return should have been established in 30 of the reviewed cases. Conditions of return were established on 30% (9 out of 30) of the reviewed cases. These 9 completed conditions of return included circumstances and specific behaviors that must be present in the home to ensure and sustain safety.

SUMMARY

Data collected from the first Ongoing Assessment reviews in the SESA indicated the following:

Initial Response:

- 77% - worker made contact with child victim(s) within required timeframe.
- 92% - worker interviewed the maltreating caregiver.
- 15% - interview protocol was followed.

CFS Contact with Child(ren) and Family during Period Under Review:

- 24% - face to face contact with child(ren) met sufficient requirements.
- 30% - when contact was made, the quality of contact with child(ren) met sufficient requirements.
- 19% - face to face contact with child's mother met sufficient requirements.
- 37% - when contact was made, the quality of contact with child's mother met sufficient requirements.
- 6% - face to face contact with child's father met sufficient requirements.
- 17% -when contact was made, the quality of contact with child's father met sufficient requirements.

Present Danger/Immediate Protective Action Plans:

- 98% - Reviewers agreed with worker's determination of present danger. Reviewer disagreed with worker in the one instance in which worker identified present danger and documented an Immediate Protective Action Plan (IPA).

6 Domains/Collateral Info/Identification of Relatives/ICWA:

- 35% - sufficient information was documented in the Maltreatment domain.
- 27% - sufficient information was documented in the Nature domain.
- 35% - sufficient information was documented in the Child Functioning domain.
- 37% - sufficient information was documented in the General Parenting domain.
- 40% - sufficient information was documented the Adult Functioning domain.
- 37% - collateral information was incorporated when necessary.
- 52% - worker identified maternal relatives.
- 44% - worker identified paternal relatives.
- 67% - ICWA information was obtained.

Safety Evaluation:

- 41% - reviewer agreed with the worker's assessment of impending danger.
- 80% - reviewer agreed with worker on safety threats – safety factors marked “YES”.
- 24% - reviewer agreed with worker on safety factors marked “NO”.

Safety Plan:

- 0% - reviewer judged the overall safety plan to be sufficient.
- 38% - suitability of safety plan participant was sufficient.
- 54% - safety plan oversight was sufficient.
- 23% - contained promissory commitments.

Protective Capacity Assessment (PCA):

- 10% - PCA was conducted.

Conditions of Return:

- 30% - Conditions of Return were established.

Additional Comments:

- Safety assessment should be continuous and used to guide key decisions throughout the involvement with the family. Once safety threats have been identified, the safety assessment should continue to be used until the safety threats have been addressed. Each subsequent use of the safety assessment process to assess family safety issues should build upon the information that was gathered before, and include progress in reaching defined outcomes, meeting unmet needs, and assessing the effectiveness of strength based strategies.
- The ongoing safety assessment process incorporates and expands the initial safety assessment. Building upon the information gathered during the initial assessment (and the YLS/CMI if the safety concern is about a status or juvenile offender), the ongoing assessment explores with the family, enhanced protective capacities/strengths that can be utilized as part of the Case Plan change process. The ongoing assessment also includes an assessment of parental protective capacities to determine which protective capacities, because they are diminished, may have impact on child safety.
 - Need to have timely finalization of Safety Assessments, Safety Plans, Protective Capacity Assessments and Conditions for Return.
 - Need to incorporate current information gathered from children, families and providers into the safety assessment.
 - Need to evaluate the status of diminished parent/caregiver protective capacities to judge whether progress and changes require an adjustment to the safety plan.
 - CFS Specialists need to evaluate the safety thresholds as if the children were residing in parental care without service intervention. For example, in home safety services have been implemented to ensure safety. Upon completion of an updated safety assessment, CFSS concludes there are no safety threats due to implemented services and supports wrapped around the family. In this instance, safety threats would still be present regardless of service implementation.
- Several of the assessments that were reviewed contained information that was cut and pasted from previous assessments and some of the assessments indicated a different safety conclusion even though the information was identical to the previous assessment.
 - CFS Specialist does not need to cut and paste information from previous safety assessments. Complete a safety assessment, building on the information gathered previously, to determine if previously identified safety threats have been eliminated, reduced or increased in severity or if new safety threats have emerged.
- Safety plans are to be implemented and active as long as threats to child safety exist and caregiver protective capacities are insufficient to assure a child is protected. If CFSS concludes there is no impending danger (child is safe), implementation of a safety plan is not necessary.
 - Need to adjust the safety plans based upon the review and re-evaluation of safety assessment.
 - Safety plan document must be completed thoroughly and contain sufficient information to assure child safety.
 - Safety plan document must include suitability of safety plan participants.
- CFSS will complete a protective capacity assessment for a family in which a child has been determined to be unsafe. It is expected that a PCA will be documented on N-FOCUS within 60 calendar days of the initial custody date or 60 days from the begin date of the initial safety assessment.
- Conditions for return are generally developed for children who are expected to be placed outside of the parental home for longer than 30 days.

Reviewers Overall Analysis and Conclusion of the Work:

For the purpose of a case review, the reviewer assessed the following information based on their review of the case. This part of the review contains the same information as those included in the Supervisory Review of the Nebraska Safety Assessment.

<u>Category</u>	SESA	Brakhage	Crook	Holz	Kechley	Lueders	McDougall	Reece	Ross	Smith	Thege	Zegers
The Nebraska Safety Assessment Instrument was completed correctly and completely	11%	0%	0%	0%	0%	14%	20%	43%	0%	20%	0%	14%
Documentation is on N-FOCUS	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	86%
Required Time Frames were met	10%	0%	0%	14%	0%	0%	20%	14%	0%	20%	0%	29%
A reasonable level of effort was expended given the identified safety concerns.	14%	0%	14%	14%	0%	29%	20%	14%	0%	20%	14%	14%
Safety of the child/youth was assured during the assessment process.	17%	0%	14%	29%	0%	29%	20%	14%	0%	20%	14%	29%
Sufficient information was gathered for informed decision making	22%	0%	14%	14%	0%	43%	20%	43%	14%	20%	14%	29%
Available written documentation was obtained from law enforcement/others as approp.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ICWA information was documented	67%	50%	71%	57%	50%	71%	60%	86%	100%	60%	57%	43%
Information was obtained about non-custodial parent, relatives, and other family support.	41%	0%	43%	14%	50%	29%	20%	100%	57%	60%	14%	43%
An Immediate Protective Action was appropriately implemented to assure child safety.	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A Safety Plan was appropriately completed and implemented to assure child safety.	7%	50%	0%	0%	0%	20%	0%	0%	25%	0%	0%	0%
A Safety Assessment was documented in accordance with required practice.	11%	0%	0%	0%	0%	14%	20%	43%	0%	20%	0%	14%
A Protective Action was documented in accordance with required practice.	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A Safety Plan was documented in accordance with required practice.	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
The family network and others were appropriately involved in the gathering of information.	40%	50%	29%	30%	50%	29%	80%	43%	57%	40%	14%	43%
The family networks and others were appropriately involved in developing Safety Plans.	69%	100%	N/A	100%	0%	75%	N/A	100%	50%	N/A	N/A	0%
Policy and procedures related to safety intervention were followed.	5%	0%	0%	14%	0%	0%	0%	14%	0%	0%	0%	14%
Safety plan is sufficient to protect child from threats of severe harm.	2%	0%	0%	0%	0%	0%	0%	0%	25%	0%	0%	0%
Efforts to coordinate with law enforcement were documented.	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A
Interview protocols were followed or reason for deviation were documented.	15%	100%	0%	50%	0%	0%	N/A	N/A	0%	0%	0%	0%
The appropriate definition was used in making the case status determination.	100%	100%	100%	100%	100%	100%	N/A	N/A	100%	100%	100%	100%
The finding was correctly documented in N-FOCUS	100%	100%	100%	100%	100%	100%	N/A	N/A	100%	100%	100%	100%
Factual information supports the selected finding.	100%	100%	100%	100%	100%	100%	N/A	N/A	100%	100%	100%	100%